Amendment	
☐ Yes	□ No

Use this form to create a new or update an existing political action committee (PAC). This form must be accompanied by form CRO-3500.

1. Committee Information								
a. F	ull Name						c. ID Number	
b. N	b. Mailing Address (include City, State and Zip Code)						d. Date Organized	
							e. Phone Number	
2. I	Political Action C	Committee Ir	nformation		3. Connected Organ	3. Connected Organization or Affiliated Committee		
a. C	Category (Che	eck only one)			a. Full Name			
	Banking/Finance		Legal					
	Building/Real Estate		Manufact	-				
	Conservative/Liberal	1	Minority		b. Mailing Address (include City, State, and Zip Code)			
	Environment			Party not part of				
	Get Out the Vote		Party Plan					
	Health		Religious	;				
	Information Technol		Trade		c. Phone Number	d. Relatio	onship	
_	Telecommunications	S	Utilities					
Щ	Insurance		Other / N	ot listed				
	Type (Check only on	e) c. Definition	ion of Type		d. Member Definition			
牌								
片	Economic Interest							
ĮĮ.	Political Purpose				- ~			
	Freasurer Inforn	nation			5. Custodian of Books Information			
a. F	ull Name				a. Full Name	a. Full Name		
b. M	Mailing Address (incl	ude City, State	, and Zip Cod	e)	b. Mailing Address (incl	b. Mailing Address (include City, State, and Zip Code)		
2 P	hone Number	d. Email Addre	2020		Diam's Aller			
С. г	ione number	d. Elliän Auur	ess		c. Phone Number d. Email Address			
6. <i>E</i>	Assistant Treasu	rer Informat	tion	Add	7. Account Informa	tion (incl	l. CRO-3500)	
	ull Name			Remove	a. Financial Institution Full Name			
				,	1			
ь N	Tailing Address (incl	ludo City State	and Zin Cod	(a)	h Purnose	b. Purpose		
D. IV.	falling Address (mer	ude City, State,	, and Zip Cou	e)	D. Ful pose			
c. P	hone Number	d. Email Addre	occ.		c. Account Code	d. Type		
C. 1	ione rumber	u. Eman Aug.	233		c. Account Code	u. Type		
	l	1						
CF	RTIFICATION							
			Fund is in co	empliance with s	all applicable provision	na of Article	221 228 & 22D_22M of	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I								
further certify that this report is complete, true and correct.								
	Printer	d Name of Signe	er	Sig	gnature of Appointed Treasu	urer	Date	